

Physical health of people in prison

NICE National Institute for
Health and Care Excellence

Consultation on draft guideline – deadline for comments 17:00 on 27/06/16 email:
PhysicalHealthInPrisons@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. Would implementation of any of the draft recommendations have significant cost implications?3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed] <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	The Disabilities Trust [registered stakeholder]
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A
Name of commentator person completing form:	Sarah Rufrancos, Policy and Campaigns Manager sarah.rufrancos@thedtgroup.org

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Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
				<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>
1	Short	General	General	<p>The Disabilities Trust welcomes these guidelines, particularly the awareness of the need to assess prisoners for acquired or Traumatic Brain Injury (TBI). Prisoners presenting with TBI are more likely to have additional needs relating to their physical health and it is important that measures are in place from the beginning of the sentence to provide additional support and that staff are aware of the nature of needs that may arise from a history of brain injury.</p> <p>A number of meta-analyses have found that there is a high prevalence of TBI in prisoners; our own research has found that 47% of adult male prisoners screened on admission to prison reported a history of TBI. [The association between neuropsychological performance and self-reported traumatic brain injury in a sample of adult male prisoners in the UK, Pitman I, Haddlesey C, Ramos SD, Oddy M, Fortescue D. Neuropsychological Rehabilitation, 2014 Oct 29:1-17]</p> <p>Prisoners with TBI are likely to have co-existing physical conditions, either caused by the TBI or due to the characteristics of the population most at risk of TBI (i.e. lower socio-economic groups, higher risk-taking behaviour, history of drug and alcohol abuse.) Prisoners with TBI are more likely to have had limited engagement with health services, including: prior to the TBI, at the time the injury was sustained and in the period following. There are therefore likely to be unaddressed physical health issues requiring targeted support during the time in prison to ensure more successful outcomes towards independent living following the release from prison. It is vital to ensure that physical health is not compromised further and that measures are put in place to enable prisoners with a history of brain injury to fully engage in opportunities offered within prison, including social, physical and educational activities.</p> <p>The Disabilities Trust has developed a screening tool, the Brain Injury Screening Index (BISI) for use by all levels of professionals to identify people, including offenders, who have a history of TBI. This has been piloted with prisoners in YO1</p>

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				Hindley, YO1 Wetherby and HMP Leeds. The BISI is available to download for free: www.thedtgroup.org/bisi We suggest that the BISI be adopted as a standard part of the second-stage health assessment at the point of entry into prison when a brain injury has been identified. We have also highlighted the many ways that brain injuries may influence other aspects of physical health and suggest that prison staff are made aware of the many ways in which a brain injury may manifest.
2	Short	4	13	All of these issues are likely to be influenced/exacerbated/induced by the presence of TBI and therefore it is vital that a history of brain injury is taken.
3	Short	5	Item 2.3	Suggest this refers to “brain Injury” rather than “head injury”, and that if a positive response is recorded a referral is made to the GP and the GP/health professional/other professional uses the BISI during the second-stage health assessment.
4	Short	6	Item 2.4	Physical health issues likely to co-exist with TBI include problems with balance, sight/hearing loss, behaviour problems including aggression and poor executive functioning. The individual with a TBI may not recognise their own difficulties so there should be opportunity for repeated assessment.
5	Short	7	Item 2.8	Given effect of TBI on balance and motor skills extra support may be needed with e.g. carrying trays, moving around the prison – likely to be more problematic in older prisons not designed for people with mobility issues.
6	Short	7	Item 2.8	Equipment may be required but not currently in use, particularly amongst younger prisoners with TBI – aids should be offered with sensitivity.
7	Short	7	Item 2.8	A special medical diet may be required – due to profile of people with TBI there may be a history of self-neglect and therefore dental problems. Equally, the TBI may result in difficulties with chewing or swallowing.
8	Short	7	Item 2.9	Profile of people with TBI suggests that they are less likely to engage on a regular and proactive basis with health services and therefore may be behind on regular appointments. Issues with executive functioning including decision-making and planning means they may have found it difficult to keep to appointments and there may be an element of self-neglect.
9	Short	7	Item 3	Prisoners with TBI are likely to have a history of drug and alcohol abuse. This can be a cause of brain injury and may also affect progress towards recovery.
10	Short	8	Item 4	Prisoners with TBI are more likely than prisoners without TBI to report anxiety and depression; these may not have been previously addressed by a mental health professional.
11	Short	9	3	People with TBI may struggle to initiate interaction with health professionals even within the prison system and therefore measures should be put in place to ensure that they are prompted to engage in order to prevent deterioration in their health.
12	Short	10	1	Abnormalities may indicate a history of TBI.
13	Short	10	10	Where the initial health assessment indicated a history of brain injury, screening using the BISI should be conducted. If this produces a positive result the prisoner should be signposted to support services and a record should be placed on their health file.

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14	Short	11	12	Note that presentation and behaviour suggesting a mental health problem may be due to TBI, i.e., a physical cause.
15	Short	12	25	This may need to be ongoing and more supportive than for a prisoner without TBI.
16	Short	15	19	List should also include history of TBI.
17	Short	22	19	Additional support and structure including links to social care should be made before discharge of prisoners with TBI as they may struggle to self-initiate ongoing support needed.
18	Short	22	24	List should include brain injury; this should be treated as distinct from learning disabilities and mental health needs as although they may co-exist the support required is likely to be different.
19	Short	29	2	Reference should be made to the Care Act 2014 which extends to the health and social care needs of people in prison.
20	Short	29	13	This should also make reference to people with a TBI who may experience similar problems with processing new information.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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